I. Entity Name	/IENT#	A23022	FILED 02 APR 29 AM 8: 34				13770 AT			
Principal Place of Business Mailing Address 890 CARILLON PKWY. ST. PETERSBURG FL 33716 Mailing Address 890 CARILLON PKWY. ST. PETERSBURG FL 33716				716			CRETARY OF STATI Lahassee, Floric		ANI ANAN SIRA (BB)	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002				7
City & State			City & State			4. FEI Number	59-2871818		Applied For	<u>-</u> -
Zip	Cou	intry	Zip	Coun	ntry	5. Certificate of	Status Desired	\$8.75 Fee Req	Additional uired] .
6. Name and Address of Current Registered Agent GODBOLD, FRANCIS S.					7. Name and Address of New Registered Agent Name					
880 CARILLON PKWY. ST. PETERSBURG FL 33716					Street Address (P.O. Box Number is Not Acceptable) City Zip Code					_
9. Capital Contas Shown or as Shown or 12. DOCUMENT / HAME	tributions n record. A GENER NOTE: General	eral Partners MAY I GENERAL PARTNER IN INC. 9/ NA	10. Amount of Capit in FLORIDA to d	ate ITI			1. MAKE CHECK PAYAB SEE REVERSE SIDE F VE WITH THIS OFFIC change a general po ADDRESS CHANGES OF	LE TO DEP OR FEE IN CE. artner.		2E003 (9/01)
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT # NAME STREET ADDRESS		<u></u>	ميم يعام <u>من ي</u> م ما ها <u>شخص</u>	CITY	EET ADDRESS '-ST-ZIP EET ADDRESS '-ST-ZIP	701	0005481 -05/07/020 ****141.25	797 1076- ****	'—— 1 -030 141.25	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP,#	·				EET ADDRESS '-ST-ZIP			·		_
NAME STREET ADDRESS CITY-ST-ZIP				CITY	EET ADDRESS '-ST-ZIP					
indicated o	on this report is true	e and accurate and tha	s filing does not qualify fo at my signature shall have eport as required by Chap	the same	e legal effect as if r	ection 119.07(3)(i), made under oath; th	Florida Statutes. I further co nat I am a General Partner o	ertify that the of the limite	he information ed partnership o	r

SIGNATURE:

127-573-38w Daytime Phone #